

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | | FILING DATE | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|------|-------------|------|------|
| | | | | | | | APPLICANT(S) | | 09/830380 | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | • | | • | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | | 61 | | | | |
| 2 | 1 | | | | | | 62 | | | | |
| 3 | | 1 | | | | | 63 | | | | |
| 4 | | 1 | | | | | 64 | | | | |
| 5 | | 1 | | | | | 66 | | | | |
| 6 | | 1 | | | | | 66 | | | | |
| 7 | 1 | | | | | | 67 | | | | |
| 8 | | 1 | | | | | 68 | | | | |
| 9 | | 1 | | | | | 69 | | | | |
| 10 | | 1 | | | | | 70 | | | | |
| 11 | 1 | | | | | | 71 | | | | |
| 12 | | 1 | | | | | 72 | | | | |
| 13 | | 1 | | | | | 73 | | | | |
| 14 | | | | | | | 74 | | | | |
| 15 | | | | | | | 75 | | | | |
| 16 | | | | | | | 76 | | | | |
| 17 | | | | | | | 77 | | | | |
| 18 | | | | | | | 78 | | | | |
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| 21 | | | | | | | 81 | | | | |
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| 23 | | | | | | | 83 | | | | |
| 24 | | | | | | | 84 | | | | |
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| 26 | | | | | | | 86 | | | | |
| 27 | | | | | | | 87 | | | | |
| 28 | | | | | | | 88 | | | | |
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| 32 | | | | | | | 92 | | | | |
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| 39 | | | | | | | 98 | | | | |
| 40 | | | | | | | 100 | | | | |
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| 49 | | | | | | | | | | | |
| 50 | | | | | | | | | | | |
| TOTAL IND. | 4 | | | | | | TOTAL IND. | | | | |
| TOTAL DEP. | 9 | | | | | | TOTAL DEP. | | | | |
| TOTAL CLAIMS | 13 | | | | | | TOTAL CLAIMS | | | | |

BEST AVAILABLE COPY